



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Department of Medical Assistance 1010 West Peachtree Street, N.W. Atlanta, GA 30319	Application Number 78-100-A	
Application Number		Date Received JUL 14 1981	Date Completed JUL 22 1981
2. Person to Contact Sandra Crane		Working Title Administrative Clerk	
		Telephone Number 894-4958	
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. <u>78-100</u> Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest _____ Latest _____ Present _____		5. Records Series Title (followed by title used in office, if different) Prior Authorization Claims File	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Program Management Division is responsible for determining, through the interpretation of Federal and State guidelines, the services needed for formulating, developing, and planning the policies that govern the reimbursement for services rendered by Medicaid providers. This is accomplished by formulating the enrollment & recipient policy, examining claims inquiry, and coordinating with the provider, associations and professional organizations for each of the sixteen (16) program areas within the Medicaid Program. The Professional Support Unit is responsible for establishing program policy, providing prior approval and resolving problem claims for the following services: Durable Medical Equipment, Orthotics and Prosthetics, Ambulance, Dental and all out of state claims regardless of claim type.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Authorizing payment for all Medical services and equipment rendered by Medicaid Providers to Medicaid recipients. Included but not limited to are: (DMA-80) Prior Authorization Request, (DMA-81) Prior Approval for Medical Services, (DMA-226) Out of State Approval, (DMA-227) Special Drug Approval, (DMA-228) Special Drug Denial, (DMA-230) Pharmacy Worksheet, (DMA-231) Durable Medical Equipment Worksheet, (DMA-232) Optometric Denial, (DMA-233) Optometric Approval, (DMA-234) Ambulance Worksheet, (DMA-235) Ambulance Denial, (DMA-236) Ambulance Approval, and related correspondence. File is arranged: Alphabetically by Provider			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>6</u> ; Seven to twelve months old <u>2</u> ; Thirteen to twenty-four months old <u>1</u> ; twenty-five months and older <u>0</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers <u>12</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

a. State Law	0	years.	d. Audit period	0	years.
b. Statute of limitation	0	years.	e. Administrative need	3	years.
c. Federal law	0	years.	f. Federal retention instructions	0	years.

Attach copy or excerpt of laws or regulations. Explain administrative need. Administratively, it is necessary to maintain these files for three years to document that prior approval or prior authorization for medical services was granted prior to services being provided.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal year; ☒ Other semi-annually then,

- ☒ Hold in the current files area 3 month(s) _____ year(s); then
- ☐ Transfer to local holding area, hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 2 3/4 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Karl E Hoens	7-13-81	Paul T. Murphy	7-13-81
State Records Committee (Signature)			
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Auditor/Designee	Date
		Secretary of State/Designee	Date
		Attorney General/Designee	Date
			7-21-81
			7-20-81
			7-21-81

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FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date May 10, 1978	1. Agency Address Department of Medical Assistance 1010 West Peachtree St. N.W. Atlanta, Georgia 30309 Program Management Division Professional Support Unit	Application Number 78-100	
Application Number		Date Received JUN 1 1978	Date Completed JUN 19 1978
2. Person to Contact Melissa Ridgeway		Working Title Clerk IV	Telephone Number 894-4958
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest Latest January 1976 to date	5. Records Series Title (followed by title used in office; if different) Prior Authorization Claims File		
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Program Management Division is responsible for determining, through the interpretation of Federal and State guidelines, the services needed for formulating, developing, and planning the policies that govern the reimbursement for services rendered by Medicaid providers. This is accomplished by formulating the enrollment & recipient policy, examining claims inquiry, and coordinating with the provider, associations and professional organizations for each of the sixteen (16) program areas within the Medicaid Program.			
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8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>6</u> ; Seven to twelve months old <u>2</u> ; Thirteen to twenty-four months old <u>1</u> ; twenty-five months and older <u>0</u> ?			
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YES	NO	10. Questionnaire (Place an "X" in the proper column)
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	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

a. State Law	<u>0</u> years.	d. Audit period	<u>0</u> years.
b. Statute of limitation	<u>0</u> years.	e. Administrative need	<u>2 (two)</u> years.
c. Federal law	<u>0</u> years.	f. Federal retention instructions	<u>0</u> years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

Documentation must be kept two (2) years to satisfy the 24 month limitation during which prior authorized claims must be submitted for payment.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

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- ☒ Hold in the current files area 3 month(s) _____ year(s); then
- ☐ Transfer to local holding area, hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 1 3/4 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Joe M. Carey</i>	<i>5-26-78</i>	<i>Paul V. Murphy</i>	<i>5/26/78</i>
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		<i>[Signature]</i>	<i>6-14-78</i>
		State Auditor/Designee	
		Secretary of State/Designee	<i>6-14-78</i>
		Attorney General/Designee	<i>6-14-78</i>